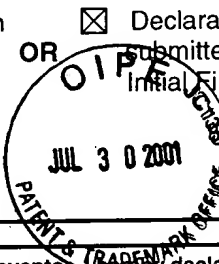


DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

☐ Declaration Submitted with Initial Filing
OR
☒ Declaration Submitted after Initial Filing



Attorney Docket Number 2000-2

First Named Inventor Adam Louis Buchsbaum

COMPLETE IF KNOWN

Application Number 09/705675

Filing Date 11/03/2000

Group Art Unit 2152

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Method For Fast Network-Aware Clustering

(Title of Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on 11/03/2000 as United States Application Number or PCT International
Application Number 09/705675 and was amended on (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code § 119 (a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of an application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) below.

Application Number(s)	Filing Date(MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto
60/215,302	06/30/2000	
60/234,511	09/22/2000	

SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, D.C. 20231

DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
09/603,154	07/23/2000	

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) with full power of substitution and revocation, to prosecute this application, to make alterations and amendments therein, to receive the patent, and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number

Place Customer Number Bar Code Label here

OR

☒ Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
CANAVAN, Robert T.	37592	CONOVER, Michele L.	34962
DELACRUZ, Cedric G	36498	DWORETSKY, Samuel H.	27873
GARG, Rohini K	45272	ISAACSON, Thomas M.	44166
LEE, Benjamin S.	42787	LEVY, Robert B.	28234
MCGAHAN, Susan E.	35948	MONKA, Gary H.	35290

☒ I also appoint the following additional registered practitioner(s) named on the Registered Practitioner Information (Supplemental Sheet) (PTO/SB/02C modified by AT&T Corp.) attached hereto with full power of substitution and revocation, to prosecute this application, to make alterations and amendments therein, to receive the patent, and to transact all business in the Patent and Trademark Office connected therewith.

Direct all phone inquiries to: Canavan, Robert T. 908-221-4535

Direct all written correspondence to:

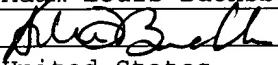
☐ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or ☒ Correspondence address below


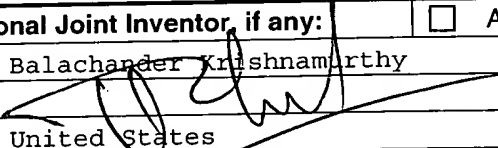
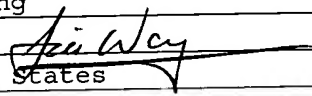
NAME	Samuel H. Dworetsky				
ADDRESS	AT&T CORP. P.O. Box 4110				
CITY	Middletown	STATE	New Jersey	ZIP CODE	07748-4110
COUNTRY	United States of America	FAX	732-368-6932		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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Signature		Date	7/17/01
Citizenship	United States		
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Address (line 2)	Madison		
Address (line 3)	Morris County		
Address (line 4)	New Jersey		
Address (line 5)	USA		
Zip Code	07940		
<input checked="" type="checkbox"/> Additional Inventors are being named on the 1 separately numbered sheets attached hereto			

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DECLARATION**ADDITIONAL INVENTOR(S)****Supplemental Sheet****Page of**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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Address (line 2)	Scotch Plains		
Address (line 3)	Union County		
Address (line 4)	New Jersey		
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Zip Code	07076		
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Signature			7/17/2001
Citizenship	United States		
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Address (line 3)	New York County		
Address (line 4)	New York		
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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Signature			7/17/2001
Citizenship	United States		
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Address (line 2)	Summit		
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Address (line 4)	New Jersey		
Address (line 5)	USA		
Zip Code	07901		
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Name			Date
Signature			
Citizenship			
Address (line 1)			
Address (line 2)			
Address (line 3)			
Address (line 4)			
Address (line 5)			
Zip Code			

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**Registered Practitioner
Information
(Supplemental Sheet)**

[illegible]

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